

Georgia Clinical Quality Measures Project



Presented by:

Kristi Washington, DCH HIT Moderator

Jeff Jacobs, Account General Manager, DXC Technology

Chris Huckabee, APRN, HealthTech Solutions

Dan Roach, MD, HealthTech Solutions

Winner Laws, GA CQMS Senior Project Manager, DXC Technology
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Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Agenda

- Introduction
- Project Overview
- Project Benefits
- GA CQMS Overview
- Current Project Status
- eCQM Deep Dive: CMS 128, CMS 136, and CMS177
- Clinical Perspective
- GA CQMS Demonstration
- Next Steps
- Question and Answer



Project Overview

- Implement and operationalize an effective way to accept clinical quality measurement CQM information from providers across multiple channels to support program goals.
- Assess trends against various benchmarks (e.g. member/disease categories, specific provider geographies or subsets of provider types).
- Through a phased approach, gain insight and lessons learned for an effective roll-out to a larger community.



Georgia Clinical Quality Measures System

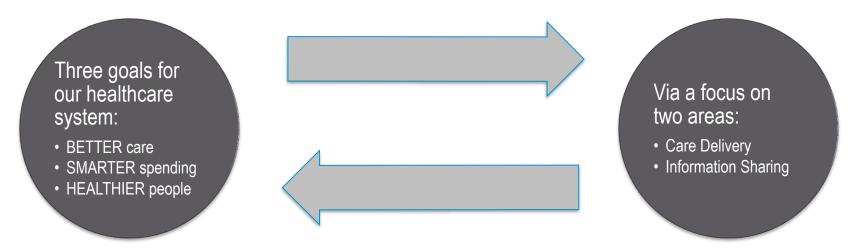
POLLING QUESTION

Is your practice currently looking for an effective way to capture clinical quality measurements?



Project Benefits

- Improved health outcomes for Medicaid members aligning with CMS direction through the effective use and comparison of provider-generated data.
- Create a platform from which the Department can perform consistent, rules-driven evaluation of effectiveness for value-based purchasing outcomes, improving health outcomes and inform providers on performance compared to peers/state norms.





Georgia Clinical Quality Measures System

POLLING QUESTION

Would comparing provider data to state average data benefit your practice?



GA CQMS Overview

The project offers the following services to the providers:

- Training to leverage certified EHR system capabilities.
- Acceptance of QRDA CAT III or manual entry of CQMs.
- Displays provider measurement data via the GA CQMS dashboard.
- Assistance of a Data Entry Clerk with entering provider participants CQM data.



GA CQMS Overview (cont.)

The project also offers a Clinical Advisory Board (CAB) to assess outcomes of the program:

 Offer clinical assistance, CQM measure selections, recommendations on use of data, reports, and collaborative support with DCH and provider participants in shaping the program.



Georgia Clinical Quality Measures System

POLLING QUESTION

Would you utilize trend analysis or reporting to monitor population health?



Current Project Status

Project Information:

- ✓ Eighty-four (84) individual participants from various provider organizations
- ✓ These organizations represent different specialties
- ✓ Seven (7) CQMs in the system (*one will be removed*)
- ✓ CQM data is loaded quarterly for analysis



Current Clinical Quality Measures

The current measures in the system include:

- 1. CMS2 Preventative Care and Screening for Depression
- 2. CMS69 Preventive Care and Screening: BMI screening and follow up plan (ages 18 and older)
- 3. CMS122 Diabetes: Hemoglobin A1c poor control (>9%) (ages 18-75)
- 4. CMS125 Breast Cancer Screening
- 5. CMS 126 Use of Appropriate Medications for Asthma (ages 5-64) (CMS Retired)
- 6. CMS165 Controlling High Blood Pressure
- 7. CMS153 Chlamydia Screening for Women (ages 16-24)



Coming Soon – Expanding the Measures

The future measures planned for the project include:

- CMS90 Functional Status Assessments for Congestive Heart Failure
- CMS128 Anti-Depressant Medication Treatment
- CMS136 Follow Up Care for Children Prescribed ADHD Medication
- CMS146 Appropriate Testing for Children with Pharyngitis
- CMS154 Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- CMS155 Weight Assessment and Counseling for Nutrition and Physical for Children and Adolescents
- CMS177 Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment



Georgia Clinical Quality Measures System

POLLING QUESTION

Has your practice spoken to you EHR vendor about QRDA files for clinical quality measures?



eCQM Deep Dive: CMS128, CMS136, and CMS177





CMS128 – Antidepressant Medication Management

- Measure Description: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:
 - a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
 - b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)
- ➤ **Denominator:** Patients 18 years of age and older with a visit during the measurement period who were dispensed antidepressant medications in the time within 270 days (9 months) prior to the measurement period through the first 90 days (3 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event

https://ecqi.healthit.gov/ecqm/measures/cms128v8



CMS128 – Antidepressant Medication Management

> Numerator:

- a. Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date.
- b. Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date.

Denominator Exclusions:

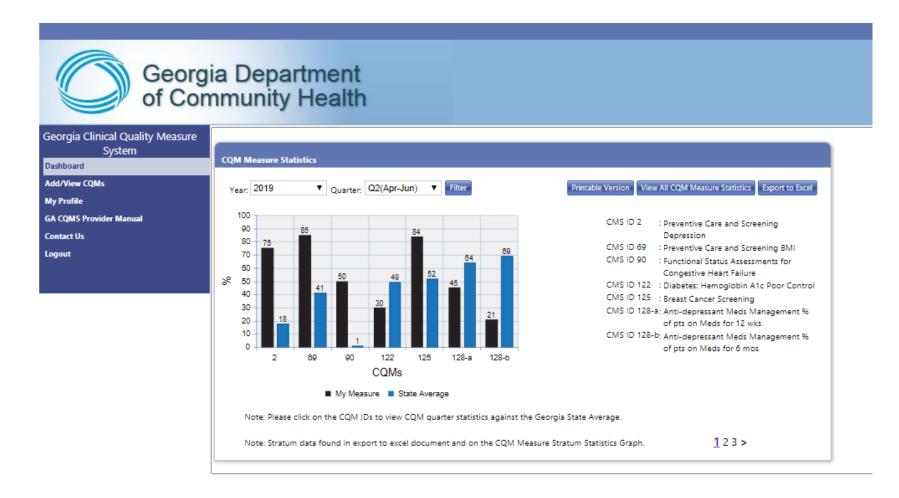
- Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date.
- Exclude patients whose hospice care overlaps the measurement period

Denominator Exceptions:

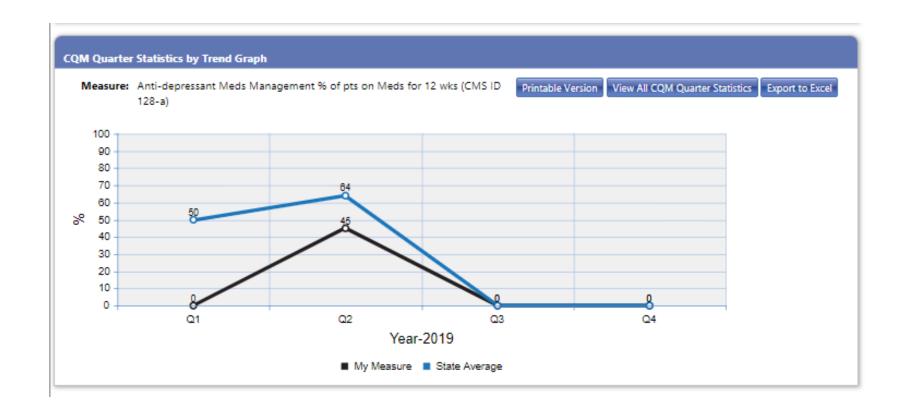
- There are no exceptions for this measure
- Improvement indicator: Higher score indicates better quality of care

https://ecqi.healthit.gov/cql-clinical-quality-language/cql-educational-resources











CMS136 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- ➤ **Measure Description:** Percentage of children 6-12 years of age and newly dispensed a mediation for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported:
 - a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase
 - b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 day (9 months) after the Initiation Phase ended.

https://ecqi.healthit.gov/ecqm/measures/cms136v7



CMS136 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

> Denominator:

- a. Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period
- b. Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period

Numerator:

- a. Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after Index Prescription Start Date.
- b. Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner.



CMS136 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

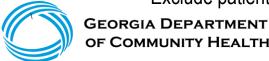
Denominator Exclusions:

Exclusion a:

- Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period
- Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD
- Exclude patients who were actively on an ADHD medication in the 120 days prior to the IPSD
- Exclude patients whose hospice care overlaps the measurement period

Exclusion b:

- Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period
- Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSD
- Exclude patients who were actively on an ADHD medication in the 120 days prior to the IPSD
- Exclude patients whose hospice care overlaps the measurement period



CMS136 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

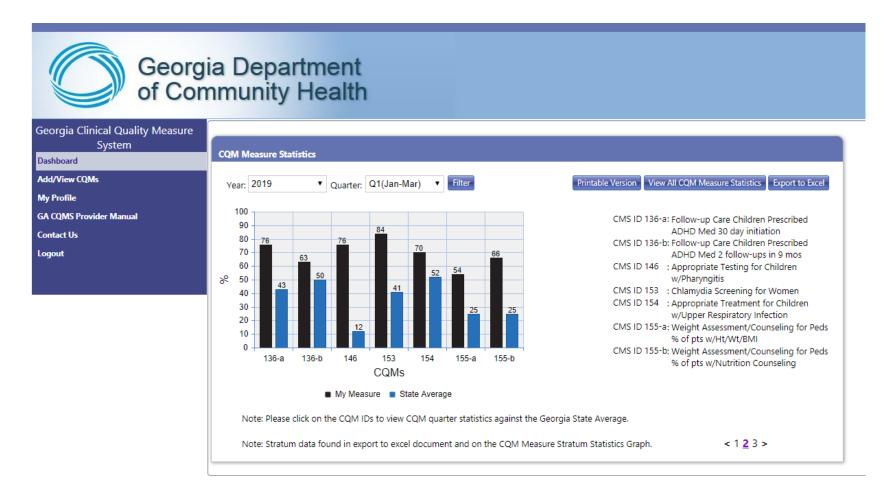
Denominator Exceptions:

- There are no exceptions for this measure
- Improvement indicator: Higher score indicates better quality of care

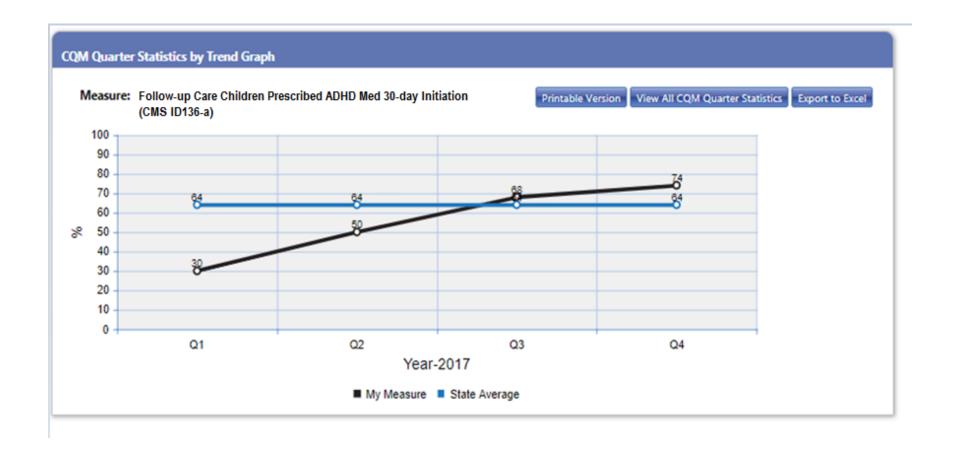
Definitions:

- Intake Period The 5-month period starting 90days prior to the start of the measurement period and ending 60 days after the start of the measurement period
- Index Prescription Start Date (IPSD) The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and an ADHD med was not dispensed 120 days prior
- Initiation Phase The 30 days following the IPSD
- Continuation and Maintenance Phase The 31-300 days following the IPSD











CMS177 – Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

- ➤ **Measure Description:** Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk
- Denominator: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder
- > Numerator: Patient visits with an assessment for suicide risk

https://ecqi.healthit.gov/ecqm/measures/cms177v7



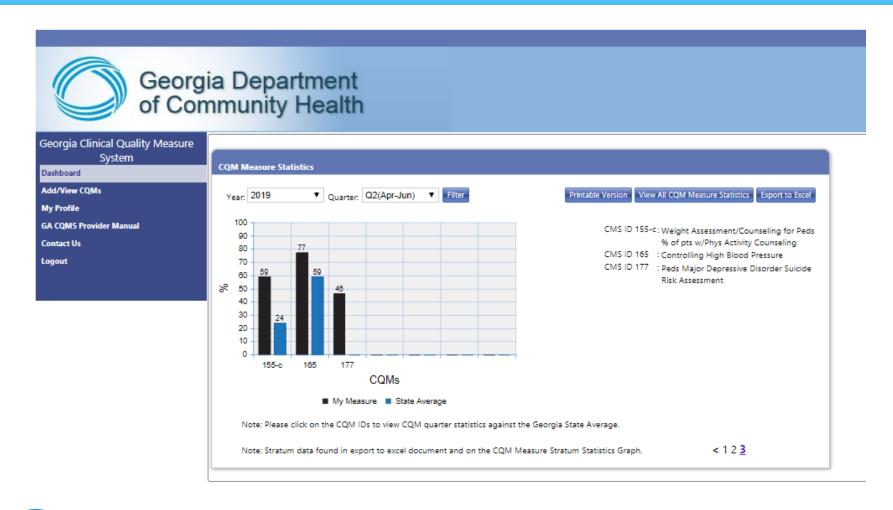
CMS177 – Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

- Denominator Exclusions:
 - There are no exclusions for this measure
- Denominator Exceptions:
 - There are no exceptions for this measure
- Improvement indicator: Higher score indicates better quality of care

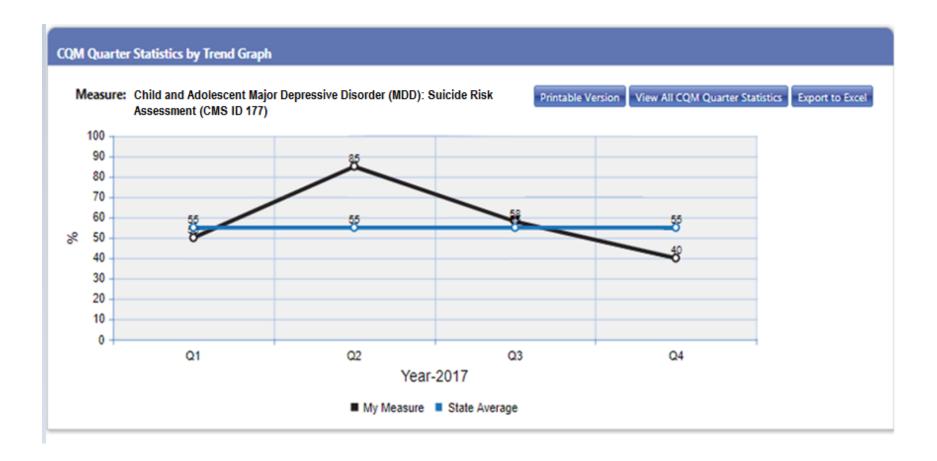
A suicide risk assessment should be performed at every visit for MDD during the measurement period

This is an episode of care measure. The patient should be evaluated at every visit for MDD for suicide risk using a standardized tool to assess suicide risk











Clinical Perspective

Dan Roach, MD





Clinical Perspective

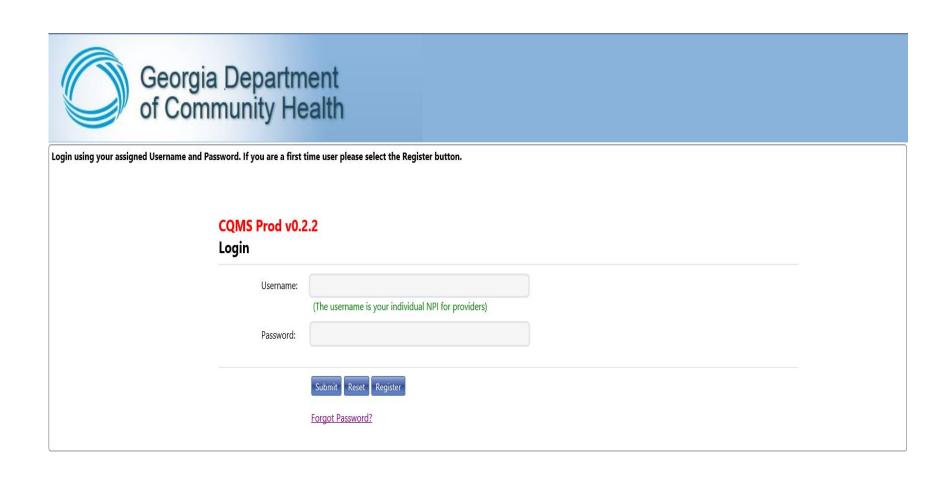
- ✓ Identify opportunities to improve patient care
- ✓ CMS Quality Strategy Goals
- ✓ Collect and analyze eCQM data



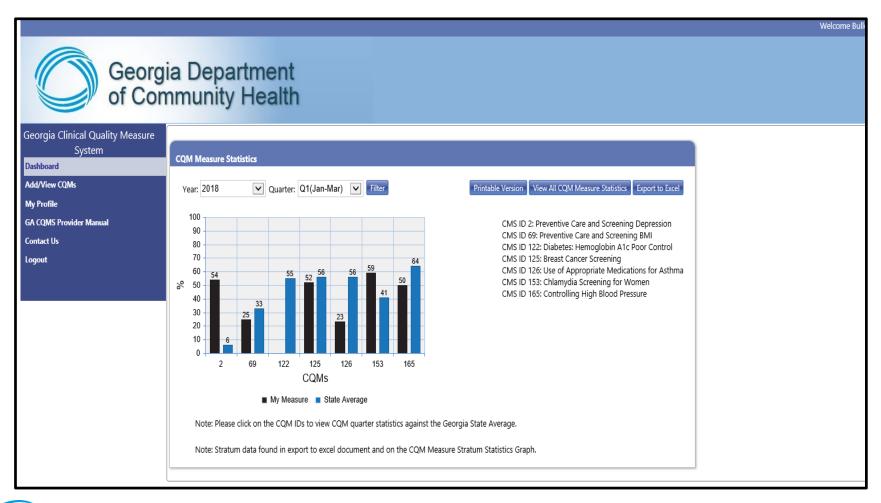
GA CQMS Demonstration



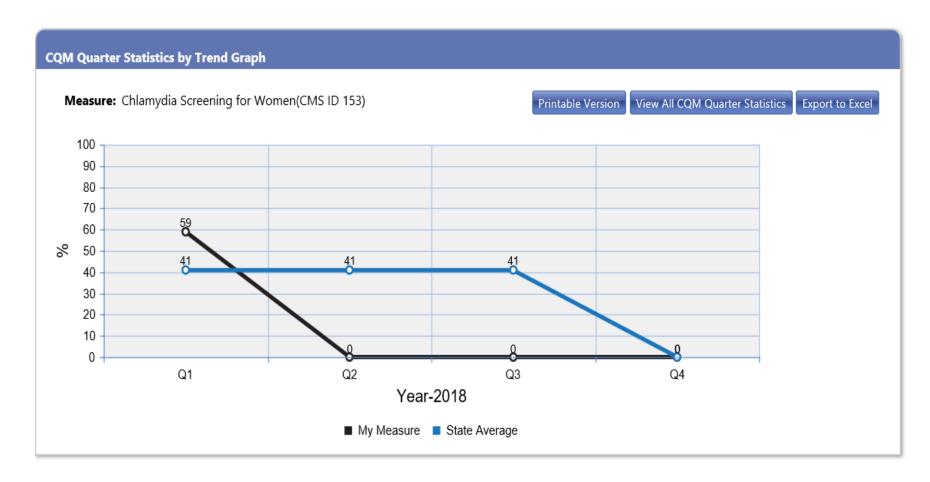




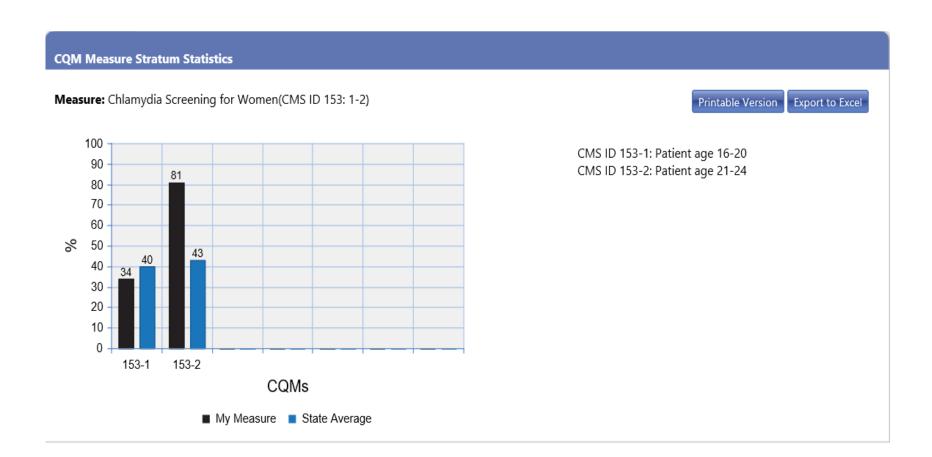








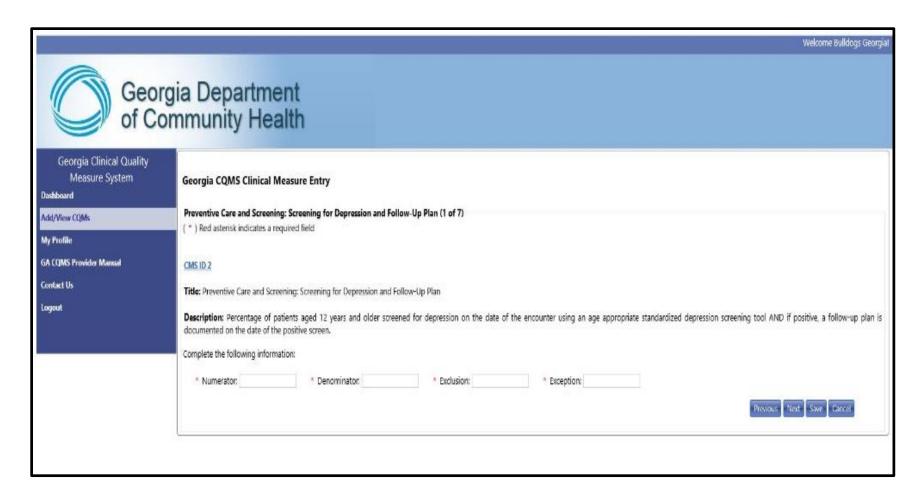




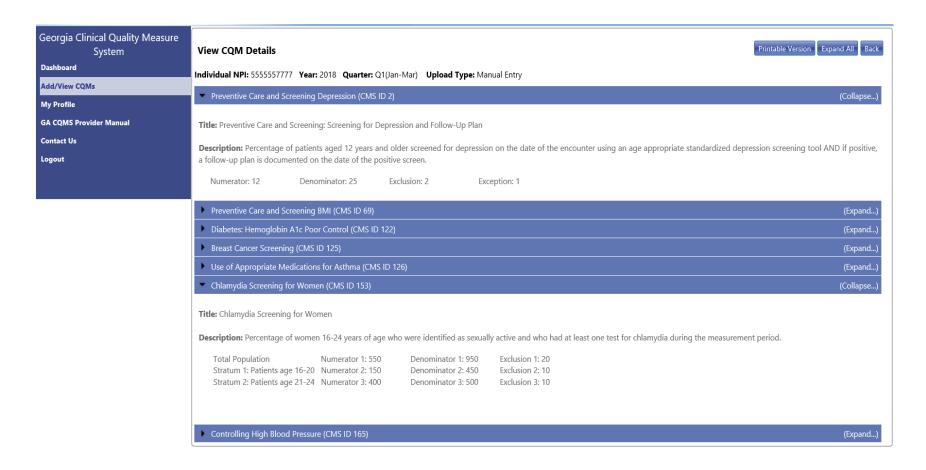














Next Steps

- If your organization is willing to participate in this initiative, contact:
 - gacqms@dxc.com
 - 1.866.211.0949

- Upcoming Events:
 - For upcoming GA CQMS webinars, please visit our website:
 www.dch.georgia.gov



Questions and Answers



